

CITY OF FRANKFORT

NET PROFIT LICENSE FEE RETURN

ACCOUNT NO.	CALENDAR	OR	FISCAL YEAR ENDED		
	YEAR		MO.	DAY	YEAR

Name and Address of Business

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PLEASE NOTIFY THIS OFFICE OF ANY CHANGE OF OWNERSHIP
OR NAME AND ADDRESS SHOWN ABOVE

QUESTIONS (ANSWER FULLY)

1. Nature of Business _____
2. Date Business started in Frankfort _____
3. If Organization was Discontinued, State When _____
Dissolution _____ or Sale _____ If by Sale, Give Name and
Address of Successor _____
4. Did you have employees in Frankfort during year? Yes _____ No _____
5. Has Frankfort License Fee been withheld from all subject Employees,
and Remitted Quarterly in Accordance with the Regulations?
Yes _____ No _____ If answer is "No" explain _____
6. Check Which: _____ Corporation _____ Sub-Chapter S
_____ Partnership _____ Individual Owner _____ Fiduciary
_____ Other (state) _____
7. Basis on which the Return is Prepared - Cash _____ Accrual _____
8. Have Federal Authorities Changed the Net Income as
Originally Reported for Any Prior Year? Yes _____ No _____
If Answer is "Yes" Attach Schedule of Changes for Each Year.
9. Telephone Number _____
10. Principal Business Code _____

SCHEDULE A

1. Total Gross income per Federal Return, Form _____ (see reverse side)*	\$ _____
2. Total Business Deductions per Federal return _____	_____
3. Net Business Income per Federal Return _____	_____
4. ADD items not deductible (Line F, Schedule B) _____	_____
5. Total (Line 3 plus Line 4) _____	_____
6. DEDUCT items not subject (Line M, Schedule B) _____	_____
7. ADJUST NET BUSINESS INCOME (Line 5 Less Line 6) _____	\$ _____
8. If schedule C (Line 4) is used enter here AVERAGE PERCENTAGE _____	_____ %
9. NET PROFITS subject to Frankfort License Fee (Line 7 x Line 8) _____	\$ _____
10. Frankfort License Fee @ 1.75% of amount on Line 9 _____	\$ _____
11. Minimum License Fee - see instructions _____	\$ 35 00
12. Compare Amounts on Line 10 and Line 11. Enter Larger Amount _____	_____
13. Credits, Estimated Payments and/or 1st Year Registration _____	_____
14. Refund or Credit. If Line 13 is greater than Line 12 Enter Difference. (Refund _____ Credit _____)	_____
15. Balance Due, If Line 12 is Greater Than Line 13, Enter Difference as License Fee Due _____	\$ _____
16. Late Payment Penalty - 10 Percent _____	_____
17. Interest - 1/2 of 1% Per Month or Portion of Month _____	_____
18. Total Amount Due (Add Lines 15,16,17) _____	\$ _____

***ENCLOSE ONE COPY
OF FEDERAL RETURN
AS APPLICABLE
(SEE INSTRUCTIONS)**

Make payable to:
**DIRECTOR OF FINANCE,
CITY OF FRANKFORT**
Mail to:
LICENSE FEE DIVISION
Municipal Building
P.O. Box 697
Frankfort, Ky 40602
Phone 502-875-8504
Fax 502-875-8502

SCHEDULE B

NOTE: ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN
CALCULATING NET INCOME PER FEDERAL RETURN

ITEMS NOT DEDUCTIBLE - ADD

- A. State or Local taxes based on income \$ _____
- B. License Fee under this Ordinance _____
- C. Net Operating Loss Carryover _____
- D. Partner's Salaries (attach schedule) _____
- E. Other (attach schedule) _____
- F. TOTAL ADDITIONS (enter on Line 4) \$ _____

ITEMS NOT SUBJECT - DEDUCT

- H. Interest on Corporate Bonds \$ _____
- I. Interest on U.S. Government Securities _____
- J. Royalties on Patents, Copyrights _____
- K. Dividends _____
- L. Other - (attach schedule) _____
- M. TOTAL DEDUCTIONS (enter on Line 6) \$ _____

SCHEDULE C

Business Allocation Percentage-Divide (Col. A) by (Col. B) to obtain decimal. Carry out to at least six places.

ALLOCATION FACTORS	Column A Frankfort Factor	Column B Total Factor	Column C Percentage
1. TOTAL GROSS BUSINESS RECEIPTS (see reverse side)	\$ _____	\$ _____	%
2. Total Wages, Salaries and Other Personal Service Compensation Paid to Employees	\$ _____	\$ _____	%
3. TOTAL PERCENTS _____			%
AVERAGE PERCENTAGE (Line 3 divided by number of percents)		Enter on Line 8 _____	%

I hereby certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

Return Must
Be Signed

Signature of Individual Preparing Return

Signature of Taxpayer

Date

This return must be filed and paid in full on or before **APRIL 15**, or within 105 days after close of fiscal year, sale, liquidation, or transfer.

****MAIL IN A COPY OF STATE OR FEDERAL REQUEST FOR EXTENSION OF TIME****
ORIGINAL